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Bib Data Sheet

CONFIRMATION NO. 6132

<b>SERIAL NUMBER</b> 10/509,673	<b>FILING OR 371(c) DATE</b> 10/08/2004 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3761	<b>ATTORNEY DOCKET NO.</b> 040520
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/JP03/05327 04/25/2003 *PRW*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

JAPAN 2002-128336 04/30/2002  
 JAPAN 2002-229704 08/07/2002  
 JAPAN 2003-38927 02/17/2003

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 14	<b>TOTAL CLAIMS</b> 22	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>PRW</i>	Examiner's Signature <i>PRW</i>	Initials <i>PRW</i>		

**ADDRESS**

23850

**TITLE**

Multiple-chamber medical container and bag for enclosing same

<b>FILING FEE RECEIVED</b> 986	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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